PTO/SB/21 (09-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
approverk Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/723,879 TRANSMITTAL Filing Date November 26, 2003 **FORM** First Named Inventor John A. Kolb Art Unit 3753

John K, Ford

(to be used for all correspondence after initial filing)

| al Number of Pages in This Submission | 4 | Attorney Docket Number | PROL100016000 |
|---------------------------------------|---|------------------------|---------------|
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Examiner Name

| | | r agos m | This Submission | | | | | | | |
|--------------------------------------|---|--|---|---------------|--|--------------------------|------------------------|------|---------------------------|--|
| ENCLOSURES (Check all that apply) | | | | | | | | | | |
| ✓ | Fee Trans | smittal Fo | | | Drawin Licensi | g(s) ng-related Paper | s | | Appea | Allowance Communication to TC Il Communication to Board leals and Interferences |
| | Amendme Af Extension Express A Information Certified C Documen Reply to I Incomplet | ent/Reply fter Final ffidavits/d a of Time Abandonr on Disclos Copy of F t(s) Missing P te Applica eply to M | leclaration(s) Request ment Request sure Statement Priority | Rem | Petitior Petitior Provisi Power Change Termin Reques CD, Nu | | ocation nce Address | | Appea (Appea Propri | Il Communication to TC Il Notice, Brief, Reply Brief) etary Information Letter Enclosure(s) (please Identify |
| | | | SIGNA | TURE | OF AP | PLICANT, A | TTORNEY, C | R AG | ENT | |
| Firm N | ame | DeLio & | Peterson, LLC | $\overline{}$ | | | | | | |
| Signat | ure | le | Corse | 7 | e | | | | | |
| Printed | I name | Peter W | . Peterson | | | | _ | | | |
| Date August 10, 2006 | | | | Reg. No. | 31,867 | , | | | | |
| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | | | | | |
| sufficie | I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | | | | | | | |
| - | | - 1 | baler | Lec_ | -5 | 1 | | | | |
| Typed or printed name Barbara Browne | | | | | | | | | Date | August 10, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| TAPE Doant to the | Consolidated Appropriations Act, 2005 (H.R. 4818). |
|-------------------|--|
| FEE | TRANSMITTAL |
| | For FY 2005 |

Effective on 12/08/2004.

| Applicant claims small entity st | atus. | See 37 | CFR 1.2 | 27 |
|----------------------------------|-------|--------|---------|----|
| TOTAL AMOUNT OF PAYMENT | (\$) | | 450.00 | |

| Complete if Known | | | | | |
|----------------------|-------------------|--|--|--|--|
| Application Number | 10/723,879 | | | | |
| Filing Date | November 26, 2003 | | | | |
| First Named Inventor | John A. Kolb | | | | |
| Examiner Name | John K. Ford | | | | |
| Art Unit | 3753 | | | | |
| Attorney Docket No. | PROL100016000 | | | | |

Fee (\$)

50

200

360

Fee (\$)

Fee (\$)

25

100

180

Fee Paid (\$)

Multiple Dependent Claims

| METHOD OF PAYMENT (check all that apply) |
|--|
| Check Credit Card Money Order None Other (please identify): |
| Deposit Account Deposit Account Number: 04-0566 Deposit Account Name: DeLio & Peterson, LLC |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee |
| Charge any additional fee(s) or underpayments of fee(s) |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |
| FEE CALCULATION |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES |

| BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | |
|--|----------|----------------------|-----------------|------------------------|----------|-----------|----------------|--|
| | FILING | FEES Small Entity | SEARC | H FEES Small Entity | | TION FEES | | |
| Application Type | Fee (\$) | Fee (\$) | <u>Fee (\$)</u> | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | *** | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | |
| EXCESS CLAIM FEE | S | | | | | - 4 | Small Entity | |

2. EXCESS CLAIM FEES Fee Description

| Ea | ch | c | laim | over | 20 |) (| (inc | luding | I | Rei | ssı | ies) |
|----|----|---|------|------|----|-----|------|--------|---|-----|-----|------|
| - | | | • | | | • | | _ | | | • | |

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|-----------------------------|---------------------------|---------------|---------------|
| 20 or HP = | 0 x | 25.00 | = |
| HP = highest number of tota | I claims paid for, if gre | ater than 20. | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| - 3 or HP = | 0 x | 100.00 = | • |

100.00 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof Fee Paid (\$) 0 / 50 = (round up to a whole number) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time - 2 months

\$450.00

Fees Paid (\$)

| SUBMITTED BY | 2200 | | |
|------------------|-------------------|--|------------------------|
| Signature | 18 States | Registration No. (Attorney/Agent) 31,867 | Telephone 203-787-0595 |
| Name (Print/Type | Peter W. Peterson | | Date August 10, 2006` |

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